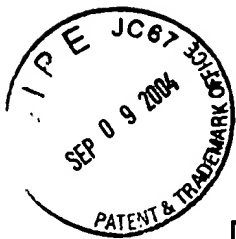


Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

| FEE TRANSMITTAL for FY 2004 | | Complete if Known | |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--------------------------------------------------------------------------------------------|------------------------|
| Effective 10/01/2003. Patent fees are subject to annual revision. | | Application Number | 09/632,954-Conf. #1072 |
| <input checked="" type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27 | | Filing Date | August 4, 2000 |
| TOTAL AMOUNT OF PAYMENT (\$) | | First Named Inventor | Darryl Black |
| 493.00 | | Examiner Name | S. H. D. Nguyen |
| METHOD OF PAYMENT (check all that apply) | | Art Unit | 2665 |
| <input checked="" type="checkbox"/> Check <input type="checkbox"/> Credit Card <input type="checkbox"/> Money Order <input type="checkbox"/> Other <input type="checkbox"/> None | | Attorney Docket No. | 102689-0036 |
| Deposit Account: 141449 | | RECEIVED SEP 10 2004 Technology Center 2600 | |
| Deposit Account Name: Nutter McClennen & Fish LLP | | | |
| The Director is authorized to: (check all that apply) | | FEE CALCULATION (continued) | |
| <input type="checkbox"/> Charge fee(s) indicated below <input checked="" type="checkbox"/> Credit any overpayments | | 3. ADDITIONAL FEES | |
| <input checked="" type="checkbox"/> Charge any additional fee(s) or any underpayment of fee(s) | | Large Entity Small Entity | |
| <input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee to the above-identified deposit account. | | Fee Code Fee (\$) | |
| FEE CALCULATION | | Fee Description Fee Paid | |
| 1. BASIC FILING FEE | | 1051 130 2051 65 Surcharge - late filing fee or oath | |
| Large Entity Small Entity | | 1052 50 2052 25 Surcharge - late provisional filing fee or cover sheet. | |
| Fee Code Fee (\$) | | 1053 130 1053 130 Non-English specification | |
| 1001 770 2001 385 Utility filing fee | | 1812 2,520 1812 2,520 For filing a request for ex parte reexamination | |
| 1002 340 2002 170 Design filing fee | | 1804 920* 1804 920* Requesting publication of SIR prior to Examiner action | |
| 1003 530 2003 265 Plant filing fee | | 1805 1,840* 1805 1,840* Requesting publication of SIR after Examiner action | |
| 1004 770 2004 385 Reissue filing fee | | 1251 110 2251 55 Extension for reply within first month | |
| 1005 160 2005 80 Provisional filing fee | | 1252 420 2252 210 Extension for reply within second month | |
| SUBTOTAL (1) (\$) | | 1253 950 2253 475 Extension for reply within third month 475.00 | |
| 0.00 | | 1254 1,480 2254 740 Extension for reply within fourth month | |
| 2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE | | 1255 2,010 2255 1,005 Extension for reply within fifth month | |
| Total Claims 28 -26** = 2 Extra Claims Fee from below 9 = 18.00 | | 1401 330 2401 165 Notice of Appeal | |
| Independent Claims 2 -2** = 0 Extra Claims Fee from below 0 = 0.00 | | 1402 330 2402 165 Filing a brief in support of an appeal | |
| Multiple Dependent 0 -2** = 0 Extra Claims Fee from below 0 = 0.00 | | 1403 290 2403 145 Request for oral hearing | |
| Large Entity Small Entity | | 1451 1,510 1451 1,510 Petition to institute a public use proceeding | |
| Fee Code Fee (\$) | | 1452 110 2452 55 Petition to revive - unavoidable | |
| 1202 18 2202 9 Claims in excess of 20 | | 1453 1,330 2453 665 Petition to revive - unintentional | |
| 1201 86 2201 43 Independent claims in excess of 3 | | 1501 1,330 2501 665 Utility issue fee (or reissue) | |
| 1203 290 2203 145 Multiple dependent claim, if not paid | | 1502 480 2502 240 Design issue fee | |
| 1204 86 2204 43 ** Reissue independent claims over original patent | | 1503 640 2503 320 Plant issue fee | |
| 1205 18 2205 9 ** Reissue claims in excess of 20 and over original patent | | 1460 130 1460 130 Petitions to the Commissioner | |
| SUBTOTAL (2) (\$) | | 1807 50 1807 50 Processing fee under 37 CFR 1.17(q) | |
| 18.00 | | 1806 180 1806 180 Submission of Information Disclosure Stmt | |
| **or number previously paid, if greater; For Reissues, see above | | 8021 40 8021 40 Recording each patent assignment per property (times number of properties) | |
| | | 1809 770 2809 385 Filing a submission after final rejection (37 CFR 1.129(a)) | |
| | | 1810 770 2810 385 For each additional invention to be examined (37CFR 1.129(b)) | |
| | | 1801 770 2801 385 Request for Continued Examination (RCE) | |
| | | 1802 900 1802 900 Request for expedited examination of a design application | |
| | | Other fee (specify) | |
| | | *Reduced by Basic Filing Fee Paid SUBTOTAL (3) (\$) | |
| | | 475.00 | |

| SUBMITTED BY | | (Complete if applicable) | |
|-------------------|--------------------|-----------------------------------|-------------------|
| Name (Print/Type) | Reza Mollaaghababa | Registration No. (Attorney Agent) | 43,810 |
| Signature | | Telephone | (617) 439-2000 |
| | | Date | September 7, 2004 |

| Fee Transmittal | |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------|
| I hereby certify that this correspondence is being deposited with the U.S. Postal Service with sufficient postage as First Class Mail, in an envelope addressed to: MS Amendment, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, on the date shown below. | |
| Dated: September 7, 2004 | Signature: (Reza Mollaaghababa) |



PTO/SB/21 (04-04)
Approved for use through 07/31/2006. OMB 0651-0031
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

| | | |
|-----------------------------------------------------------------------------------------|------------------------|------------------------|
| TRANSMITTAL FORM (to be used for all correspondence after initial filing) | Application Number | 09/632,954-Conf. #1072 |
| | Filing Date | August 4, 2000 |
| | First Named Inventor | Darryl Black |
| | Art Unit | 2665 |
| | Examiner Name | S. H. D. Nguyen |
| Total Number of Pages in This Submission | Attorney Docket Number | 102689-0036 |

RECEIVED

SEP 10 2004

Technology Center 2600

| ENCLOSURES (Check all that apply) | | |
|------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------|
| <input checked="" type="checkbox"/> Fee Transmittal Form | <input checked="" type="checkbox"/> Drawing(s) (12 sheets) | <input type="checkbox"/> After Allowance communication to Technology Center (TC) |
| <input checked="" type="checkbox"/> Fee Attached | <input type="checkbox"/> Licensing-related Papers | <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences |
| <input checked="" type="checkbox"/> Amendment/Reply | <input type="checkbox"/> Petition | <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) |
| <input type="checkbox"/> After Final | <input type="checkbox"/> Petition to Convert to a Provisional Application | <input type="checkbox"/> Proprietary Information |
| <input type="checkbox"/> Affidavits/declaration(s) | <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address | <input type="checkbox"/> Status Letter |
| <input checked="" type="checkbox"/> Extension of Time Request | <input type="checkbox"/> Terminal Disclaimer | <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): |
| <input type="checkbox"/> Express Abandonment Request | <input type="checkbox"/> Request for Refund | Copy of 1449 Form (previously submitted) with 19 references attached for Examiner's consideration |
| <input type="checkbox"/> Information Disclosure Statement | <input type="checkbox"/> CD, Number of CD(s) _____ | Return Receipt Postcard |
| <input type="checkbox"/> Certified Copy of Priority Document(s) | Remarks | |
| <input type="checkbox"/> Response to Missing Parts/Incomplete Application | | |
| <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53 | | |

| SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT | |
|--------------------------------------------|------------------------------------------------------------|
| Firm or Individual name | NUTTER MCCLENNEN & FISH LLP Reza Mollaaghababa - 43,810 |
| Signature | |
| Date | September 7, 2004 |

| Transmittal | |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------|
| I hereby certify that this correspondence is being deposited with the U.S. Postal Service with sufficient postage as First Class Mail, in an envelope addressed to: MS Amendment, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, on the date shown below. | |
| Dated: September 7, 2004 | Signature: (Reza Mollaaghababa) |